

Website: www.seattle.gov/sdci

**APPLICATION / CHECKLIST** 



**CONSTRUCTION** 

Type of submittal (Circle one):	Blanket Permit	Revision	Sprinkler	Shop Drawing	
For Shop Drawing, please specify type:					
For Revisions, please describe briefly:					
Parent Permit #:	Child Permit #:				
Project Address:					
Tenant Name:			Floor #:	_	
Contact Name:	Contact Phone:				
Contact Company Name:					
Mailing Address:					
City:	State:	Zip (	Code:		
Email:					

## PLEASE COMPLETE THE SECTIONS BELOW IF APPLYING FOR A REVISION

Note: Changes of Use may not be included as a revision

Did the project have an associated Master Use Permit?	Yes	No
If yes, the Project #:  Did the project go through Design Review (DR), Administrative DR or Streamlined DR?	Yes	No
Did the project need to obtain a Landmark or Historic Board Certificate of approval?	Yes	No
Has the primary applicant or financially responsible party changed since the original permit was issued?	Yes	No

If yes, please attach an updated Statement of Financial Responsibility

## This permit revision includes the following changes:

LAND USE/ZONING					
A Change in the building footprint?	Yes	No			
An increase in the building height? A decrease in floor to ceiling height at the street level floors? A decrease in the depth of any street level commercial space? Changes to projections such as bays, desks, etc? Changes to approved façade materials? Changes to landscaping?		No No No No No No			
			Changes to any feature counted in Green Factor compliance?	Yes	No
			Changes to the number, size, or configuration of parking spaces?	Yes	No
			Changes to the location or width of vehicular access?	Yes	No
			Changes to street level façade transparency?	Yes	No
			DRAINAGE		
Changes the drainage plan?	Yes	No			
Change in how storm water is managed on site?		No			
Change so that an existing building will be demolished to the foundations?	Yes Yes	No			
Increase in the amount of impervious surface?	Yes	No			
·	100	110			
ENERGY/MECHANICAL					
Change in the building envelope?	Yes	No			
Change in the mechanical equipment?	Yes	No			
ENVIRONMENTALLY CRITICAL AREA (ECA)  Do the revisions occur in an ECA or its buffer?	Yes	No			
GEO SOILS					
Change to retaining wall locations, height, or type?	Yes	No			
Change to the foundation location, type, or depth?	Yes	No			
Change to the temporary excavation/shoring plan?	Yes	No			
I,, am the primary applicant or financially redevelopment permit. I declare that the scope of design changes indicated above represent the full scope of proposed changes related to all applicable Land U regulations. I understand that misrepresentation of the scope of design change compliance with any Land Use or Construction Regulation, Design Review a features/materials or elements, or conditions of a Land Use decision, may resu	ve are acc se and Co ges that res approved	urate and enstruction sults in non-			
requiring removal and replacement of such elements or features in order to bri					
back into compliance with the original permit approvals, conditions or requirem	_	elopinent			
back into compliance with the original permit approvals, conditions of requirem	ienis.				
Printed Name of Applicant/Financial Responsible Party					
Signature of Applicant/Financial Responsible Party	Date				